



**AUTOPSY REPORT REQUEST
ERIE COUNTY
MEDICAL EXAMINER'S OFFICE
501 KENSINGTON AVE.
BUFFALO, NEW YORK 14214
Phone 716-961-7591 Fax 716-961-7581**

Gale R. Burstein, MD, MPH, FAAP
Commissioner of Health

Dr. Dianne Vertes, PhD, MD
Chief Medical Examiner

Date: _____

I, _____, am requesting a copy of the

Print Name

Autopsy Report performed at the Erie County Medical Examiner's Office for

_____ who passed away on _____.

Deceased's Name

Date

My relationship to the deceased is _____

Signature

Address

City, State, Zip

Phone #

Office Use Only:

File # _____